

Worker Log Time Survey

APPENDIX B (1) [Blank Template]

Worker Log Time Survey for Employees Performing Medi-Cal Administrative Activities (MAA) and/or Targeted Case Management (TCM)																				<div style="display: flex; justify-content: space-between;"> <div> MAA <input type="checkbox"/> SPMP <input type="checkbox"/> Non-SPMP <input type="checkbox"/> CBO </div> <div> TCM <input type="checkbox"/> Supervisor <input type="checkbox"/> Case Manager <input type="checkbox"/> Support Person to Case Mgr. </div> </div>		Month	Year												
LAST NAME:		FIRST NAME:			MI	Civil Service Classification				Class Number		Employee Number		Program				Claiming Unit		Organization Number		Claiming Unit Location													
Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Day of the Week (optional)																																			
TYPE OF ACTIVITY		AMOUNT OF TIME SPENT PERFORMING EACH ACTIVITY DURING YOUR PAID WORK HOURS																														TOTAL	% of Time		
1. Other Programs/Activities																																			
2. Direct Patient Care																																			
3. Outreach to Non Medi-Cal Programs																																			
4. Medi-Cal Outreach*																																			
5. Referral, Coordination, and Monitoring of Non-Medi-Cal Services																																			
6. Referral, Coordination, and Monitoring of Medi-Cal Services*																																			
7. Facilitating Non Medi-Cal Application																																			
8. Facilitating Medi-Cal Application*																																			
9. Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Non-Medi-Cal Covered Service																																			
10. Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service*																																			
11. Contract Administration for Non-Medi-Cal Services																																			
12. Contract Administration (A) for Medi-Cal Services Specific for Medi-Cal Populations*																																			
13. Contract Administration (B) for Medi-Cal Services Specific for Medi-Cal and Non-Medi-Cal Populations*																																			
14. PP&PD for Non-Medi-Cal Services																																			
15. PP&PD (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																			
16. PP&PD SPMP(A) (Enhanced) for Medi-Cal Services for Medi-Cal Clients*																																			
17. PP&PD (B) (Non-Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																			
18. PP&PD (SPMP)(B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients*																																			
19. MAA/TCM Coordination/ Claims Administration																																			
20. MAA/TCM Implementation Training																																			
21. General Administration																																			
22. Paid Time Off (PTO)																																			
23. Non-Targeted Case Management																																			
24. Providing TCM Service Components																																			
25. TCM Encounter - Related Activities																																			
26. Travel Related to Providing TCM																																			
27. Supervision of Case Managers																																			
28. Encounter Entry into TCM On-Line System																																			
29. TCM Data Systems & Claiming Coordination																																			
30. TCM Quality Assurance/ Performance Monitoring																																			
31. TCM Subcontract Administration																																			
32. TCM PP&PD																																			
TOTAL HOURS																																			0.00%
Employee's Signature (BLUE INK ONLY)					Employee's telephone number					Date					Supervisor's signature (BLUE INK ONLY)					Date															

INSTRUCTIONS:

- During the time survey period, enter all time spent performing each activity during your paid work hours in the column for that day. (It is acceptable to leave the non-time survey period columns blank, if applicable.)
- Record all time in 15 minute increments. Use decimals to record partial hour increments . (.25 = 15 minutes; .50 = 30 minutes; .75 = 45 minutes) All participants must account for 100% of their productive and non-productive time for each workday.
- At the end of the time survey period, compare the total coded hours to the total payroll hours. The hours on both documents must match.
- For perpetual time surveys, complete, sign, and date the time survey on the last working day of the month and give it to your supervisor. If the time survey period overlaps two months; for the first month of the time survey period, complete, sign, and date the time survey on the last working day of the month, for the second month of the time survey period, complete, sign, and date the time survey on the last working day of the time survey period and give both documents to your supervisor.
- Ensure all signatures are in BLUE INK ONLY.

* Denotes activities that are only reimbursable through the CMAA Program

Worker Log Time Survey
Activity Description Sheet

APPENDIX B (1)
[Blank Template]

LGA Name: _____
 Claiming Unit Name: _____
 Participant Name: _____
 Classification: _____

Code 4: Medi-Cal Outreach			
Date	Location	Recipient	Description/Purpose
Code 6: Referral, Coordination, and Monitoring of Medi-Cal Services			
Date	Location	Recipient	Description/Purpose
Code 8: Facilitating Medi-Cal Application			
Date	Location	Recipient	Description/Purpose
Code 10: Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered Service			
Date	Location	Recipient	Description/Purpose
Code 12 or 13: Contract Administration (A) or (B)			
Date	Location	Recipient	Description/Purpose
Code 15 or 17: Program Planning & Policy Development (A) or (B) (non-enhanced)			
Date	Location	Recipient	Description/Purpose
Code 16 or 18: Program Planning & Policy Development (A) or (B) (enhanced)			
Date	Location	Recipient	Description/Purpose
Code 19: MAA/TCM Coordination and Claims Administration			
Date	Location	Recipient	Description/Purpose
Code 20: MAA Implementation Training			
Date	Location	Recipient	Description/Purpose
Codes 24-32: Targeted Case Management			
Date	Location	Recipient	Description/Purpose

Participant Signature (Blue Ink): _____
 Supervisor Signature (Blue Ink): _____

Instructions for completing a Worker Log Time Survey

- In claiming/budget units with fewer than 100 total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry on a daily or perpetual basis.
- In claiming/budget units with 100-199 total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry for 20 consecutive work days.
- In claiming/budget units with 200-299 total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry for 10 consecutive work days.
- In claiming/budget units with 400 or more total CMAA/TCM participants, all CMAA/TCM participants will be required to complete a DHCS time survey entry for 5 consecutive work days.
- The CMAA/TCM participants are required to account for 100% of their productive and non-productive time for every work day in each quarter on the DHCS time survey and a functional time card or equivalent.
- Time recorded on the time survey form must be rounded to the nearest 15 minute increment. For example, If an activity is performed for 8 minutes or more (up to 15 minutes), then 15 minutes should be coded to the proper activity. However, if an activity is performed for 0-7 minutes no time should be coded to the performed activity.
- CMAA/TCM participants may use an ink pen or electronic means to track time. However, the DHCS time survey must always be signed in BLUE ink.
- CMAA/TCM participants should track activities on a daily basis, throughout the course of the work day, NOT at the end of the work week.
- Only one CMAA/TCM participant must be identified per DHCS time survey.
- Corrections must be notated using a single strike out and must be initialed with non-black ink.

Example: A participant works 15 minutes performing Medi-Cal Outreach (Code #4) on day one of the time survey period. The participant would enter .25 in the column representing day one of the time survey period in the row for Medi-Cal Outreach (Code #4).

Instructions for completing the Time Survey Activity Description Sheet

- Participants who complete DHCS time survey entries on a 5, 10, or 20 consecutive work day basis are **REQUIRED** to complete the Time Survey Activity Description Sheet.
- Participants who complete a DHCS time survey on a daily or perpetual basis are **NOT REQUIRED** to complete the Time Survey Activity Description Sheet.
- Complete the entries to indicate: The Name of the LGA, the Name of the Claiming Unit, and the Name and Classification of the Time Survey Participant.
- Locate the appropriate Activity Code for the activity performed on the Activity Description Sheet and complete the entries to indicate: The Date the activity was performed, the Location where the activity was performed, the Recipient of the activity (if applicable), and a detailed Description of the activity and/or the Purpose for the activity.
- CMAA/TCM participants may use an ink pen or electronic means to complete the Time Survey Activity Description Sheet; however, the sheet must always be signed in BLUE ink.

NOTE: Participants must provide a description for each separate occurrence of each type of activity they performed as indicated on the Worker Log Time Survey. In instances where a participant performed an activity on more than one occasion, a minimum of two written descriptions of two separate occurrences must be included to support the time indicated on the Worker Log Time Survey. If a participant only performs a MAA activity once during the time survey period, documentation of this one occurrence is sufficient.